

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/615039

FILING DATE

7/11/00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		1				
4		3				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	/					
12	/					
13	/					
14		1				
15		1				
16	/					
17		1				
18		1				
19		1				
20		4				
21		1				
22	/					
23		1				
24		1				
25		1				
26		1				
27	/		/			
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48						
49						
50						
TOTAL IND.		6		1		
T. TAL DEP.		28		19		
TOTAL CLAIMS		34		20		

	* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

one
multi
dep.